



Forum Session Meeting Announcement

Friday, April 13, 2007
11:45am — Lunch
12:15–2:00pm — Session

Children's Health Care Quality: Time to Grow Up?

A Discussion Featuring:

Lisa Simpson, MB, BCh
Professor and Director
Child Policy Research Center
Cincinnati Children's Hospital Medical Center

Rita Mangione-Smith, MD
Associate Professor of Pediatrics
University of Washington

Foster Gesten, MD
Medical Director
Office of Managed Care
New York State Department of Health

Location

**Reserve Officers Association
of the United States**
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
*(Across from the Dirksen Senate
Office Building)*

Registration Required

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Children's Health Care Quality: Time to Grow Up?

OVERVIEW

This meeting will look at the quality of health care being delivered to children, the barriers to its improvement, efforts being made to remove those barriers, and steps necessary to achieve greater accountability.

SESSION

Over the past several years, quality improvement programs have become mainstream in many of the nation's hospitals and physician practices, fueled in part by the dollars that may be available from the Centers for Medicare & Medicaid Services and private insurers and employers. Disease management and pay-for-performance programs affect an increasing number of health care providers. The target populations for improved care are most commonly patients with highly prevalent, high-cost chronic conditions such as diabetes and congestive heart failure.

Outside of children's hospitals, far fewer quality-improvement programs focus on care provided to children and youth. This makes some short-term economic sense: most children are physically healthy and most of their ailments are inexpensive to treat, hence their claim on health system resources is limited.¹ They are more complicated to include in clinical trials than adults, beginning with establishing informed consent. The consequence is that the evidence base for appropriate care is less well-developed than for adults. Existing measure sets in common use (for example, the National Committee for Quality Assurance's HEDIS set) contain few indicators that relate specifically to children's health care. As one researcher observed, "There's asthma, and then it gets thin." Clearly, it is difficult to measure quality when it has not first been defined.

Should the health policy community be concerned about this? One reason to be so is a finding by the Commonwealth Fund that the United States scored poorly on a number of measures of health care for children when compared with other industrialized countries and it finished last with respect to infant mortality.² Another reason, discussed in the March/April 2007 edition of *Health Affairs*, is the relationship between health and development: a child in poor health will have diminished ability to learn and ultimately to become a productive member of society.

Groups such as the National Initiative for Children's Healthcare Quality and the National Association of Children's Hospitals and Related

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Institutions advocate for quality measurement, reporting, and improvement related to children's health care; some have called on the federal government to provide funding for the development of measurement and reporting processes. As pay-for-performance and quality measures are developed for adults, many are looking to health policymakers to ensure that children, and those who care for them, are not left behind.

KEY QUESTIONS

- What is the state of the art of children's health care quality measurement, reporting, and improvement? How does this compare with other age groups? What accounts for the difference?
- What is the process for developing benchmarks of quality care for children?
- How should the development of appropriate measures of the quality of care delivered to children be coordinated across purchaser, state, provider, and consumer groups?
- To what extent are quality variations related to disparities in treatment of low-income children, publicly insured children, and racial and ethnic minority children?
- What might it take to galvanize policymakers and purchasers to redress a situation that seems to disadvantage and devalue the nation's children?
- How could SCHIP (the State Children's Health Insurance Program) or Medicaid, which together serve more than one-third of the nation's children, generate additional attention to quality measurement, reporting, and improvement?

SPEAKERS

Lisa Simpson, MB, BCh, is professor and director of the Child Policy Research Center at Cincinnati Children's Hospital Medical Center, an institution recognized as a leader in care transformation and quality improvement for children. Prior to joining Cincinnati Children's, Dr. Simpson held the Guild Endowed Chair in Child Health Policy and was professor of pediatrics at the University of South Florida, where she established the Florida Initiative for Children's Healthcare Quality. She previously served as deputy director at the Agency for Healthcare Research and Quality.

Rita Mangione-Smith, MD, is an associate professor of pediatrics at the University of Washington. During the past decade, she has taken an active role in several quality of care projects at the University of California, Los Angeles, and at RAND. At RAND, she supervised a project to develop a comprehensive pediatric quality of care assessment tool. More recently, she

has collaborated with the measure development group at the National Committee for Quality Assurance to expand the number of evidence-based pediatric quality measures included in the HEDIS measurement set.

Foster Gesten, MD, is the medical director for the Office of Managed Care in the New York State Department of Health. He provides clinical direction and leadership for a team of professionals engaged in quality oversight, performance measurement, and clinical improvement within health plans in New York. Major initiatives include the development of statewide public reporting systems for commercial, Medicaid, and Child Health managed care programs on quality, access, and satisfaction.

ENDNOTES

1. See the Child Health Business Case Working Group, "Exploring the Business Case for Improving the Quality of Health Care for Children," *Health Affairs*, 23, no. 4 (July/August 2004): pp. 159–166.
2. The Commonwealth Fund Commission on a High Performance Health System, "Why Not the Best? Results from a National Scorecard on U.S. Health System Performance," The Commonwealth Fund, September 2006; available at www.cmf.org/usr_doc/Commission_whynotthebest_951.pdf.



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